



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dlp.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

March 24, 2016

Stephenie Smith, Manager
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641-8115

Dear Ms. Smith

*These findings shall be immediately communicated to Nancy Bourne, court-appointed receiver.

The Division of Licensing and Protection completed a follow-up survey at your facility on **March 10, 2016**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute actual harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please sign, date, and indicate your title on the bottom of the first page of the report and return this report to this office no later than **April 6, 2016**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.
- The dates corrective action will be completed.

You may also request an informal review of all or part of the contents of the notice at any time prior to **April 6, 2016** by calling Suzanne Leavitt, RN, MS, Assistant Division Director, or Clayton Clark, Division Director at (802) 241-0480. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 241-2401.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties of up to \$10.00 per resident or \$100.00, whichever is greater, for each day the violation remains uncorrected; suspension, revocation or modification of an existing license; refusal to renew a license; suspension of admission or transfer of residents to an alternative placement; injunctive relief to enjoin any act or omission; and the appointment of a receiver for a facility. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section III of the Residential Care Home Licensing Regulations. You must do so prior to **April 6, 2016**.

Appeals

As noted above, you may seek an informal review from Suzanne Leavitt, RN, MS, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at (802) 241-0480 if you have any questions.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/10/2016	
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R100}	Initial Comments: An unannounced on-site follow-up survey was conducted by the Division of Licensing and Protection on 3/10/16 for complaint surveys conducted at this facility on 1/6/16 and 1/26/16. As a result of this on-site the following regulatory violations were identified.	{R100}		
{R136} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure that each resident is reassessed annually for 2 of 17 residents. (Resident #1 & #2) Findings include: 1. Per record review, Resident #1's last annual assessment was completed on 11/24/14. Staff had attempted to update this previous assessment by re-signing and dating for 2016, which is not an acceptable process. As required, each year or with a change in condition a resident must be reassessed using a new resident assessment document. 2. Per record review, Resident #2's last annual assessment was completed on 1/31/14. Staff resigned the 2014 assessment as reviewed and	{R136}		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{R136}	Continued From page 1 completed for 2016. Per interview on 3/10/16 at 4:30 PM the Acting-Interim RN/Manager acknowledged the failure to complete annual assessments for both residents as required and noted adding an outdated assessment with a newer date and signature did not meet the required regulation. This is a repeat violation.	{R136}		
{R188} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to assure that a record for each resident contained all required documentation for 2 of 17 residents. (Residents #1 & #2) Findings	{R188}		

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{R188}	<p>Continued From page 2</p> <p>include:</p> <p>1. Per record review, Resident #1's last annual assessment was completed on 11/24/14. Staff had attempted to update this previous assessment by resigning and dating for 2016, which is not an acceptable process. As required, each year or with a change in condition a resident must be reassessed using a new resident assessment document.</p> <p>2. Per record review, Resident #2's last annual assessment was completed on 1/31/14. Staff resigned the 2014 assessment as reviewed and completed for 2016.</p> <p>Per interview on 3/10/16 at 4:30 PM the Acting-Interim RN/Manager acknowledged the failure to complete annual assessments for both residents as required and noted adding an outdated assessment with a newer date and signature did not meet the required regulation.</p> <p>This is a repeat violation</p>	{R188}		
{R213} SS=G	<p>VI. RESIDENTS' RIGHTS</p> <p>6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interviews the facility failed to assure residents were treated with consideration,</p>	{R213}		

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{R213}	<p>Continued From page 3</p> <p>respect and full recognition of the residents dignity. Findings include:</p> <p>Per interview on 3/10/16 at 3:30 PM, a resident who requests to remain anonymous stated s/he had been the victim of verbal abuse and harassment during interactions with the owner of the facilities over the last month or more stating "I can not take much more". The resident stated s/he often hides in his/her room to avoid any interaction with the owner who also provides care and services to residents residing at the facility.</p> <p>The resident described an incident when the owner yelled at the resident and threatened to "...throw [his/her] f---ing ass out of here". This verbal altercation was confirmed on 3/10/16 at 3:50 PM by a second anonymous resident who witnessed the threatening encounter. These events and residents were not included in previous visit on 1/26/16.</p> <p>This is a repeat violation.</p>	{R213}		
R224 SS=G	<p>VI. RESIDENTS' RIGHTS</p> <p>6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interviews the facility failed to assure residents were free from mental and verbal abuse. Findings include:</p>	R224		

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R224	<p>Continued From page 4</p> <p>Per interview on 3/10/16 at 3:30 PM, a resident who requests to remain anonymous stated s/he had been the victim of verbal abuse and harassment during interactions with the owner of the facilities over the last month or more stating "I can not take much more". The resident stated s/he often hides in his/her room to avoid any interaction with the owner who also provides care and services to residents residing at the facility. The resident described an incident when the owner yelled at the resident and threatened to "...throw [his/her] f---ing ass out of here". This verbal altercation was confirmed on 3/10/16 at 3:50 PM by a second anonymous resident who witnessed the threatening encounter. These events and residents were not included in previous visit on 1/26/16.</p> <p>This is a repeat violation.</p>	R224		
R266 SS=F	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to assure all areas of the home were maintained to assure a clean, sanitary and homelike environment. Findings include:</p> <p>Based on observation during a tour of the facility</p>	R266		

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R266	<p>Continued From page 5</p> <p>on 3/10/16 at 9:45 AM the following was observed:</p> <p>Room #28: (Resident #3 & #4)</p> <ul style="list-style-type: none"> a. Under the room sink layers of trash and food wrappers overflowed a trash receptacle covering the floor. A floor box fan heavily soiled with dust and dirt was also sitting under the sink area. b. The bed mattress next to the window was soiled, torn with several holes and unsanitary. c. The floor was soiled with a build of grime, dirt, dust and was odorous. d. On the floor were piles of clothes and other personal items covering a large surface of living space. Unable to determine if clothing was clean or soiled. e. Wall shelving had piles of spilled loose tobacco covering both a dresser and overflowing onto the floor. <p>Room in upstairs annex area occupied by Residents #5 & #6 located on the right side of the staircase.</p> <ul style="list-style-type: none"> a. Wall paper is ripped and torn through out. b. Clothes, personal items, trash throughout the floor and on the 2 beds which occupied the rooms. c. A fan heavily soiled with dust and debris was operating at the time of observation. d. The wood floor was soiled. e. The 2 dressers in the room were overflowing. <p>The bathroom between Rooms 21 & 23 was odorous with urine.</p> <p>The staircase to the second floor was soiled with dirt and dust.</p> <p>Duct tape was used to cover torn flooring between the kitchen and dinning room.</p>	R266		

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R266	<p>Continued From page 6</p> <p>The flooring in the downstairs hallway, living room/dining room area and kitchen had a build up of soil around the parameter and build up around wall edges.</p> <p>The upstairs bathroom was without paper towels and the bath tub was soiled and unsanitary.</p> <p>The observations of the resident rooms and bathroom was confirmed by the Acting Interim RN/Manager on 3/10/16 at 11:20 AM. S/he acknowledged the unacceptable sanitary conditions and also acknowledged s/he was not aware of the condition of resident rooms.</p> <p>Per interview during the morning of 3/10/16 staff employed during the day confirmed it is the responsibility of staff to prepare meals, administer medications if delegated and to provide all the housekeeping throughout the facility.</p>	R266		
R274 SS=D	<p>IX. PHYSICAL PLANT</p> <p>9.2 Residents' Rooms</p> <p>9.2.g Each resident shall be provided the resident's own bed that shall be a standard-size full or twin bed. Roll away beds, cots and folding beds shall not be used.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to provide a resident with a sanitary and adequate bedding. Findings include:</p>	R274		

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R274	Continued From page 7 Based on observation on 3/10/16 at 9:20 AM, a mattress in room #28 was found to be unsanitary, soiled, ripped and with holes through the mattress surface. This was confirmed by the Acting Interim RN/Manager on 3/10/16 at 11:20 AM.	R274		